24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	
The 2016 Committee	C C00569905
Check if 24-hour report	
Full Name of Payee INTERNATIONAL DATA MANAGEMENT	Date of Public Distribution/Dissemination
Mailing Address 490 WHITE POND DRIVE	08 04 2016 Amount
City State AKRON OH	Zip Code 101.52 44320-1122 Transaction ID : SE24.92658 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - POSTAGE	Category/ Type 004 08 08 04 2016
Name of Federal Candidate	Support Office Sought: House District:
DONALD TRUMP	Oppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
INTERNATIONAL DATA MANAGEMENT	08
Mailing Address 490 WHITE POND DRIVE	Amount
City State	Zip Code 101.52
AKRON OH	Transaction ID : SE24.92659 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - POSTAGE	Category/ Type 004 08 08 04 2016
Name of Federal Candidate	Support Office Sought: House District:
HILLARY CLINTON	Oppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	203.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	ronically Filed] Date 08 05 2016
Signature	